

**10 October 2016****Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE****UPDATE ON PROGRESS WITH ARRANGEMENTS TO INTEGRATE HEALTH  
AND SOCIAL CARE IN MID-NOTTINGHAMSHIRE****Purpose of the Report**

1. To provide the Committee with a bi-annual progress report on the Mid-Nottinghamshire Better Together Alliance. This was requested by Committee on 7<sup>th</sup> March 2016 following approval for Nottinghamshire County Council to be an Alliance member.
2. To seek approval to establish a temporary full time Social Worker post (Band B) in the Intensive Home Support Newark and Sherwood pilot until 31<sup>st</sup> March 2017.
3. To seek approval to re-configure existing staff posts into two Short Term Independence Services (STIS) one in mid Nottinghamshire and one in Bassetlaw.
4. To seek approval to consult on three savings proposals in Mid-Nottinghamshire. This currently funds a) a health team which organises discharges for hospital patients, b) pharmacy expertise into care homes and c) a voluntary scheme to support people home from hospital.





**Information and Advice**

5. The Better Together Alliance (The Alliance) is a partnership between Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, six NHS health providers and voluntary sector partners.
6. The programme's ambition is that everybody who uses both health and social care services in Mid-Nottinghamshire will experience integrated care; services will work together better in order to give the best care based on a person's personal circumstances. In addition, it aims to put in place joined up, responsive urgent care services that operate outside of hospital wherever possible.
7. The programme has three main work-streams with the joint work between adult social care and health taking place predominantly in the first:
  - Urgent and Proactive Care (including care for people with long term conditions such as Diabetes, Chronic Heart Disease, Stroke)
  - Elective Care
  - Maternity and Paediatric Care.

**Performance**

8. Table 1 below shows performance against the four targets, which are part of the joint health and social care ‘Urgent and Proactive Care’ workstream. Low is good for all the indicators. In relation to the two targets within this workstream that are not being met, immediate action to recover performance has been agreed as a “Mid-Nottinghamshire System Activity Management Plan” and the plan is being monitored through the Mid-Nottinghamshire Accident and Emergency Delivery Board (formerly the System Resilience Group). The Service Director for Mid-Nottinghamshire is a member of this Board. Medium and longer-term actions against these two key priorities will also be agreed by dedicated working groups, made up of all Alliance members.
9. Reductions in admissions to residential care in Mid-Nottinghamshire remain on target to deliver the Council’s Living at Home programme and associated savings through reducing the numbers of people in residential care. The opening of Poppyfields Extra Care in Spring 2016 has been a key milestone in delivering the Living at Home programme and one third of the 36 apartments and bungalows available for permanent tenants have now been allocated.

**Table 1**

<b>Outcome area</b>	<b>Performance target to be met by BT Programme by 2018/19</b>	<b>Target for July 2016</b>	<b>Actual performance July 2016</b>	<b>Trend since April 2016</b>
Reduction in admissions to residential and nursing homes	25% 	27 admissions	19 admissions	Admissions are consistently lower than target
Reduction in attendances at Emergency Department	15.1 % 	9,000 attendances	10,500 attendances	Attendances are consistently above target
Reduction in emergency admissions to hospital	19.5% 	2,600 admissions	3,000 admissions	Attendances are consistently above target
Reduction in emergency acute hospital bed days	30.5% 	13,000 bed days	13,000 bed days	Bed days are on target

**Progress with developing the Alliance partnership and the transition plan**

10. At the point of forming the Alliance, it was acknowledged that further work was required in the first transition year in order to determine the detail of how to implement some of the intentions of the Alliance.
11. At the end of the transition period, if agreement on the way forward has not been reached, then there will be a decision as to whether the Alliance reconfigures its membership or is

dissolved. There is also an option to extend the transition period (acting unanimously) to allow more time for resolution. The transition plan includes the following priorities:

- **developing new payment mechanisms for health providers** that move away from the current system of 'Payment By Results' to allocating funding to providers to deliver outcomes that meet the health and wellbeing needs of local populations (also referred to as a "capitated payment mechanism"). It has been agreed that this will exclude funding allocated as social care Personal Budgets. A new mechanism is in now place between Health Providers and the CCGs and this will be shadow run and tested to the end of the financial year. Alongside this, social care expenditure on Personal Budgets will be monitored.
- **expansion of the outcomes based payment model for the NHS service contracts**, to allocate a portion of funding based on achievement of agreed outcomes rather than specific activity. The outcomes are: reducing attendance at A&E, reducing permanent admissions to residential care; reducing falls; reducing the prevalence of diabetes; improving patient experience in decision-making; reducing unplanned hospitalisation for chronic ambulatory conditions; and increasing the number of people able to die in their preferred place. Leads have been identified and social care is co-ordinating the reduction in residential care work, with two workshops planned for the Autumn.
- **agreeing the detail of how the sharing of risks and rewards will operate** across the partnership. A draft process has been developed and is due to be tested.
- **a process for selecting social care provider Alliance members** was approved by Adult Social Care and Health Committee on 11<sup>th</sup> July 2016. The application process was launched in August 2016; shortlisting and interviews will take place in September 2016.
- **ongoing development of new models of care** as described in the next section (paragraphs 12-21) of this report.

#### **Update report on key integration developments within Mid-Nottinghamshire**

12. **Local Integrated Care Teams (LICTs)** are eight multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. The CCGs fund eight social workers, on a permanent basis, who are co-located within the teams.
13. The Council successfully bid for £20,000 from the Local Government Association, Care and Health Improvement Programme to fund a robust external evaluation of the cost-effectiveness and impact for social care of this approach across the County. This contract has been awarded to Nottingham Trent University and People Too. The evaluation is planned to be completed by March 2017.
14. The Council's Short Term Assessment and Re-ablement Team (START) service supports people in their own homes for up to six weeks, in order to help them regain their independent living skills and confidence after a period of ill-health or hospital stay. A pilot has been completed to understand where best to align this service so that it dovetails with the emerging re-design of the community health teams. The recommendations from the

pilot are incorporated into the proposed model for the Short Term Independence Service (see **paragraphs 22-27**).

15. **7 day access to services.** Currently social care assessors only routinely work at weekends at King's Mill Hospital. This has evidenced positive benefits for better management of the flow of people through the system. The NHS 5 Year Forward Plan set out seven new national models of care and selected 50 localities as 'Vanguards' to test and develop these. Better Together was selected to test the model for an integrated Primary and Acute Care System (PACS) and has successfully bid for implementation funding. It has recently been agreed to use some of this money to test whether there are benefits to extending the availability of social care assessment staff in the community teams to weekday evenings 5-8pm and daytime at weekends. Community health staff already work extended hours. The final funding allocation is to be confirmed and agency staff will be used to create additional capacity to test this. Council staff will be paid enhanced hours as set out in the Premium Working Policy. The outcome and any staffing or policy implications requiring decisions by the Council will be brought back to Committee.
16. **The Transfer to Assess** model aims to ensure that once people are medically well enough to move out of an acute ward, any further assessments required will be carried out in another setting, ideally their own home. This has had a positive impact on reducing the number of Delayed Transfers of Care from hospital.
17. The aim is now to support the shift to a 'Home First' ethos. The CCG is re-investing money saved through purchasing fewer independent sector residential beds into a community based health "Intensive Home Support" service. This will be launched in September 2016, initially in Mansfield and Ashfield (which has an existing social care assessor linked to it) and then Phase 2 is to roll out across Mid-Nottinghamshire. The CCG has agreed to fund an additional social worker post for the Newark and Sherwood service as there is no capacity within current services that could be aligned. This will be temporary until 31.3.17 with the potential to extend subject to successful evaluation of the service. ASCH Committee is therefore asked to approve the establishment of:
  - 1 full time temporary Band B Social Worker post up to 31<sup>st</sup> March 2017.  
(The full year cost to the CCG is £48,272 pa, including on-costs, equipment and travel).
18. **A review of the multi-agency discharge teams and processes** is taking place across Mid-Nottinghamshire between August and October 2016. The aim is to speed up processes and provide people being discharged from hospital with a more integrated approach from the various separate health teams. This includes the Hospital Social Work Teams and other discharge-related services including Mansfield District Housing staff, transport, voluntary sector provision etc.
19. **The 'Call for Care' service** is a care navigation service that health and social care staff can contact to identify which appropriate service(s) have available capacity that can be put in place quickly to avoid emergency hospital admissions. The service started to be rolled out in November 2015. The plan is that social care staff will be able to call the service to help find support in a crisis by Autumn 2016. The Council's Customer Service Centre and Adult Access Service are involved to ensure that it is clear how urgent social

care needs identified by Call for Care will be responded to, as well as retain the Council's successful central countywide Customer Service Centre model and performance.

20. **The Self-Care Hub** based at Ashfield Health and Wellbeing Centre commenced in July 2015. Its main objective is to help people to better manage their health condition(s) themselves. Social Work and Occupational Therapy Clinics started in the centre from 6<sup>th</sup> July 2016. Social care is also involved in discussions to develop a new Primary Care Hub at the Ashfield Health and Wellbeing Centre.
21. **Assistive Technology (AT)** options are used much more extensively to complement care and support packages in social care than in the NHS. Initial scoping suggests that there are people who are not eligible for social care that could benefit from having access to some of the equipment that is currently only funded and installed by social care. This would support more effective management of long term health conditions, avoid hospital admissions, as well as trigger urgent responses to deteriorating health problems. A business case is being developed to explore the case for health funding of assistive technology to complement social care commissioning of AT.

### **Proposal to create a new Short Term Independence Service (STIS)**

22. Short term support bed based and community services are provided by both health and social care in order to avoid hospital/residential care admissions, as well as enable people to return home as soon as possible and regain their independence after a stay in hospital. These services have historically collectively been known as 'intermediate care' or 'step-up', 'step-down' or 'reablement'.
23. Within Mid-Nottinghamshire the staff who assess and plan for people moving through these services are currently dispersed and fragmented across nine different teams and managers. Due to this the assessment and Occupational Therapy staff are ring fenced to specific services only e.g. Short Term Assessment and Re-ablement Service (START) and resources cannot be flexibly deployed to where the demand is at any given time. In order to better and more flexibly use all current available assessment capacity, it is proposed to combine the staff supporting all short term beds and home based independence services, with the START provider service managers and re-ablement support workers into one Short Term Independence Service (STIS). This will have two teams, each reporting to the relevant Group Manager for that locality; one will cover Mansfield and Ashfield and one Newark and Sherwood.
24. The benefits of this approach are:
  - Managers can maintain a strategic approach to deliver key objectives
  - It establishes a service with common goals, clarity of purpose, aims and objectives
  - Managers will have oversight of all relevant resources to better direct to where the demand is and maintain flow through all the short term services
  - Improved lines of communication across staff and other agencies
  - Flexible approach which can align to health teams and evolve as the new care models develop and change in Mid-Nottinghamshire & Bassetlaw
  - Provides one source for internal and national reporting of re-ablement performance outcomes from the Council's client database and information management system (Mosaic).

25. The Better Together blueprint across Mid-Nottinghamshire recognises a need for the alignment of services to offer an integrated approach from the point of view of the individual receiving a service. The community health service is establishing an Intensive Home Support Service and establishing all similar social care resources into one service would enable social care to align with this and have workers linked 'virtually' to health counterparts. The establishing of the two services will be supported by development sessions as well as training on re-ablement, supporting independence and integrated working.
26. The aim is to maximise capacity before the Christmas period and also to do a joint launch with the Intensive Home Support Service. It is therefore proposed that the STIS service commences as phase one in Mansfield & Ashfield in November 2016, with phase two covering Newark & Sherwood at a future date in the New Year once the manager negotiations are completed, as detailed in **paragraph 30**.
27. The same principles requiring reconfiguration of services into aligned models with health apply in Bassetlaw. As the line management across Newark and Bassetlaw will be split, approval is also sought to create a second STIS service to cover Bassetlaw.

### **Ways of Working Implications**

28. The Mid-Nottinghamshire STIS service will be made up of a total of 83.2 FTE posts, with the majority (54.7) comprising the START provider service. The Bassetlaw STIS service will be made up of 33.7 FTE posts, of which 19.8 are the START provider service.
29. The frontline staff already work in the different localities, so other than a potential change of line manager for some staff, there would be minimal change. Human Resources have advised that creating the new service would be a re-configuring of staff and not a re-structure. No posts are being created or deleted and staff are not being asked to cover duties that are not in their job descriptions but rather to work across different functions within same job description.
30. Trade Unions will be consulted through the Joint Consultative and Negotiating Panel meeting 20<sup>th</sup> September 2016 and a workshop will be held for staff with Trade Union representatives in attendance on 4<sup>th</sup> November. The workshop will be an opportunity to identify any issues arising and provide staff with re-assurance regarding training needs. Two of the four FTE Team Managers currently work across Newark and Bassetlaw and specific negotiations will be held with them as it will require some changes to the teams that they manage. The current spread of services across Team Managers is also not sustainable in terms of the capacity of one Bassetlaw post and the re-configuration should resolve this without requiring additional resources. The aim is to come to common agreement on which Team Manager posts staff will choose and if this cannot be achieved then a competitive interview process would apply.

### **Reviewing Mid-Nottinghamshire partnership expenditure**

31. The following schemes are proposed for consultation to deliver future savings.

- a) The Council contributes £175,000 p.a. to the cost of dedicated staff employed by Sherwood Forest Hospitals NHS Foundation Trust (SFHT) within the Integrated Discharge Assessment Team (IDAT) at King's Mill Hospital. This is a separate team to the Council's social care assessment workers. The IDAT assesses the health needs of people ready to leave hospital and arranges their discharge packages. The funding was originally part of an historical arrangement for an alternative approach to the Council paying health reimbursement fees for any delays that were due to social care. SFHT also funds some resources for social care, such as providing administrative support, office accommodation etc. at the hospital. SFHT has agreed to facilitate an Alliance-wide review of the resources involved with the discharge to home function and operational staffing arrangements across health and social care, with the aim of the Council funding only the social care elements required by new models and pathways, from April 2017. The review will identify the options for all partners to increase the efficiency and effectiveness of current resources, which could include savings for other partners as well as the Council.

Demand and through put of assessments linked to short term bed based and community services across health and social care is increasing as the transfer to assess model is implemented. Initial assumptions were that assessment work in hospitals would reduce as work transferred out. This is not occurring and recent figures show that demand for hospital assessments at King's Mill is increasing. Whilst the development of the STIS will enable current capacity to be better utilised, there are currently some temporary funded assessment and therapy posts which require permanent funding and re-investment from the £175,000, as well as covering administration and accommodation costs at three sites. Once these are funded it is estimated that there will be recurrent savings of a minimum of £40,000 p.a. for the Council of this total fund. The outcome of the review and proposed use of part of the £175,000 to establish current temporary posts on a permanent basis will be brought back to Committee for a decision.

- b) £23,000 p.a. funding provides two days per week of pharmacist expertise to support referrals for medicine management in care homes and to carry out audits in homes of medicine use. The Council proposes to save £5,000 p.a. in reduced funding to this scheme, which is not expected to damage the viability of this scheme.
- c) £46,000 p.a. funding contributes to the cost of a 'Hospital to Home Support' scheme, involving 1.6fte paid Council staff who coordinate volunteers to support people who are being discharged from hospital, to ensure that they are safe in their home. The King's Mill Hospital Social Work team manages this scheme. Usage has steadily been declining since 2014 and the current low numbers of people mean it has high hourly costs of £119. During 2015, there were 89 people supported in total which works out at a cost of £521 per person. The majority of people supported by the scheme are not eligible for social care funding. The Council commissions other services that could meet this need more cost effectively. SFH NHS Trust also funds additional discharge support via an Age UK 'Patient representative' scheme, which provides volunteer support. The proposal is to save £46,000 by ceasing the scheme and diverting referrals into more appropriate community and voluntary responses e.g. Notts Connect service.

The impact on Council staff is that 1.6 fte staff would be put at risk. HR support would be given to these staff during their redeployment phase.

32. The Committee is asked to approve consultation about these three savings options.

### **Other Options Considered**

33. Another option considered to the implementation of the Short Term Independence Service was that the service staffing remains unchanged. This is not recommended as the current situation has shortcomings, as outlined at **paragraph 23**.
34. Other options for savings proposals have been considered, including to deliver more savings from the first and second proposals (hospital discharge and pharmacy support to care homes). These have been rejected as they would affect the viability of the services that remain a benefit to the Council and people with social care needs using services.

### **Reason/s for Recommendation/s**

35. These recommendations are proposed for the reasons outlined in the various sections of the report.

### **Statutory and Policy Implications**

36. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

37. The temporary Band B Social Worker post set out at **paragraph 17** will be funded by the Clinical Commissioning Group as part of the new Intensive Home Support Service for Newark and Sherwood.
38. There are no additional resources required to establish the STIS service.
39. The three savings options are proposed in order to deliver a total of £91,000 per annum recurrent savings for the Council.

### **Human Resources Implications (SJJ 13/9/16)**

40. The HR Implications are included in the body of the report where appropriate,

### **Implications for Service Users**

41. The establishment of the STIS aligned with health's Intensive Home Support Service will enable people to experience a more integrated service across health and social care.



42. Mitigations of any impact on service users regarding the three savings proposals are set out in the report and the proposals have been informed by an initial Equality Impact Assessment which is available. The impact assessment will be up-dated with any further relevant information gained during the consultations.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the update on the development of integrated health and social care arrangements in Mid-Nottinghamshire
- 2) approves the establishment of one full-time temporary Social Worker post (Band B) in Newark and Sherwood until 31<sup>st</sup> March 2017, as detailed in **paragraph 17**. The post will be allocated an authorised car user status
- 3) approves the reconfiguration of existing posts to create Short Term Independence Services in Mid-Nottinghamshire and Bassetlaw, as detailed in **paragraphs 28 - 30**.
- 4) approves consultation with staff, partners and service users about the following savings options as proposed at **paragraph 31**: a) a health team which organises discharges for hospital patients, b) pharmacy expertise into care homes and c) a voluntary scheme to support people home from hospital.

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### **Constitutional Comments (SLB 14/09/16)**

43. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding changes to staffing structures to include HR advice, and for consultation to take place with the recognised trade unions.

### **Financial Comments (KAS 13/9/16)**

44. The financial implications are contained within paragraphs 37-39 of the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Integration with Health in Mid-Nottinghamshire – report to the Adult Social Care and Health Committee on 2 November 2015.

Health Integration in Nottinghamshire – report to the Adult Social Care and Health Committee on 29 June 2015

The Better Together Programme in Mid Nottinghamshire – report to Adult Social Care and Health Committee on 2 February 2015

The Mid-Nottinghamshire “Better Together” Alliance Agreement contract – report to Adult Social Care and Health Committee on 7 March 2016.

Update on progress to integrate health and social care in Mid-Nottinghamshire – report to Policy Committee on 20 April 2016

Selection process for social care providers to join the Mid-Nottinghamshire Better Together Alliance – report to Adult Social Care and Health Committee on 11 July 2016

Equality Impact Assessment

**Electoral Division(s) and Member(s) Affected**

All.

ASCH428